

TB Times

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Director, Disease Control Programs

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A Note From Dr. Davidson

The TB and HIV and Primary Care Conferences held February 5 and 6, 1999, were highly successful with 519 persons, mostly Health Department personnel, attending Friday and 222 persons from the private sector and Personal Health Services attending on Saturday. The hard work of all those that planned and organized these conferences as well as the speakers and their excellent presentations are to be congratulated for a highly successful undertaking. Many of those that attended expressed their enthusiasm and appreciation for the opportunity to participate. I heard several suggestions that such a fine conference should become an annual event. I think it would be difficult to follow such an outstanding event, but maybe it would be worth a try. How about it Planning Committee?

High Desert Hospital Admitting TB Patients

On December 28, 1998, the Los Angeles County Regional Tuberculosis Detention Center (RTDC) at High Desert Hospital began admitting patients. The opening completes planning that has spanned over 3 years since closure of the Tuberculosis Ward at Rancho Los Amigos Hospital. RTDC will provide an integrated approach for the detention of persistently non-adherent, recalcitrant or chronically sputum smear positive tuberculosis patients.

The facility has recently completed renovation of a vacant in-patient ward within High Desert Hospital and has received licensure by the State of California as a Skilled Nursing Facility (SNF). The SNF compliments the acute medical/surgical in-patient care available at High Desert Hospital and adds an expanded level of service to the management of tuberculosis patients. Tuberculosis patients requiring acute medical care continue to receive services from the providers on staff at the High Desert Hospital facility. Patients cared for in the acute medical setting may be sputum AFB smear positive or negative. In-patient rooms designated as tuberculosis isolation rooms are in compliance with OSHA/CAL-OSHA requirements for negative pressure ventilation and provide a safe working environment.

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Conferences

TB Conferences on the first Friday of the month are held in the Andrew Norman Hall of Orthopaedic Hospital, located at Adams Blvd. & Flower Street. The Physician Case Presentations on the third Friday of the month are held at the TB Control Program Office, Room 506A. Participants must sign-in to receive applicable CME credit. Late arrivals of 15 minutes for a 1 hour program or 30 minutes for a 2 hour program will not receive CME credit.

March 5, 1999

9:00-10:15a.m.

Ortho. Hospital Conference

Louise Sipos, R.N., M.Ed.

"Working Together to

Improve Patient Care"

L.A. County Risk Management Office

March 19, 1999

TB Case Presentations/Discussion

Hanh Q. Lê, M.D.

TB Control Program Office, Room 506

California Tuberculosis

Controllors Association

Conference: April 8-9, 1999**Berkeley Marina Radisson, Berkeley, CA****"TB Among the US Born:****Patterns of Transmission, Patterns of Prevention"****Information: 510-883-6077**

Upcoming Events

Mantoux Train the Trainer

March 25, 1999

TB Control Program Office

Community Worker 1/2 Day Inservice

April 13, 1999

TB Control Program Office

TB Control Planning Council

April 16, 1999

(For information, call Tom Privett at 213-744-6160)

With the opening of the SNF, patients with minimal medical requirements are now easily cared for within High Desert Hospital. These individuals may be sputum AFB smear positive or negative. For those that are recalcitrant or non-adherent to treatment, the SNF provides a cost-effective supervised treatment setting. Patients are under the care of a physician and monitored for drug toxicity. One clear advantage is that patients who in the past may have been hospitalized as in-patients for extended periods of time now have a more humane approach or means to receive effective tuberculosis therapy.

A third tier of care is offered in conjunction with the Antelope Valley Rehabilitation Center (AVRC) in Acton, CA. The AVRC is located at an elevation of 3500 feet above sea level in the northern foothills of the San Gabriel Mountains. The housing there is designed to accommodate tuberculosis patients who are self-care and sputum AFB smear negative. The patients are also encouraged to participate in alcohol and drug rehabilitation services when appropriate.

For more information about these facilities call Dr. Steven Puentes at TB Control 213-744-6232.

TB Control in California Enters the 20th Century: A Historical Perspective

In 1905 the Vital Statistics Registration Act went into effect and for the first time in the history of the State a marked degree of accuracy was injected into vital statistics records. The first report of the State registrar covering the last half of 1905 and the first half of 1906 revealed the fact that 4,183 deaths from tuberculosis had occurred during that year—15.5 per cent of the total. Of these, 1,567 occurred in southern California, representing 21.7 per cent of the total deaths that occurred in that part of the State. The tuberculosis death rate per 100,000 population for Los Angeles during that year was 201.4, as compared with a rate of 134.0 for the State. A further analysis of tuberculosis deaths during that year revealed the fact that of the 1567 tuberculosis deaths in southern California, 436 were in individuals who had lived in the State for less than one year. The acute tuberculosis problem in southern California thus became revealed in all of its intensity through the first publication of reliable mortality statistics covering the disease.

In the spring of 1905, the California Public Health Association, composed of health officers of the State, was organized, and during the years which immediately followed this organization was most active. It played an important part in the development of local ordinances for the control of tuberculosis. Meanwhile, the State Board of Health in 1905

urged the reporting of cases of tuberculosis, stating that without the information little could be done to prevent the spread of the disease. In the same year, the committee on tuberculosis of the Medical Society of California, composed of Doctors F.M. Pottenger, Jno C. King, George L. Cole, Edward Von Adelung and George H. Evans, urged the statewide notification of tuberculosis.

The 1905 Legislature passed a bill which provided for the establishment of a State tuberculosis hospital but Governor George C. Pardee vetoed the measure. It was only through the action of Dr. Pardee that California escaped the establishment of such an institution. In December of 1905, A. B. Nye, State Controller (formerly editor of the Oakland Enquirer), published an exceptional paper entitled "State Control of Tuberculosis." The first sentence of that paper reads: "Looming up before the State of California and but a very short distance ahead in the natural line of advance, is the momentous question of a right public policy in relation to tuberculosis." Mr. Nye stated further: "The question of ways and means is one to interest every citizen and every taxpayer, because the battle for the extirpation of consumption will be a long one and the expense will be very great. On its medical side a question for physicians alone, tuberculosis also presents social, industrial and financial aspects which are quite as well worthy of attention, and these must appeal to all classes of intelligent persons."

He discussed the proposal for the establishment of a State hospital for tuberculosis patients and took the stand that the establishment of such an institution would be an unsound procedure. He was opposed to it because the State was already so over-burdened with institutions and thought that the establishment of a State tuberculosis hospital should not be undertaken until it has been made very certain that in no other way could the same amount of good be accomplished. He did not fear the initial expense so much as the consequences which would follow. The fact that other commonwealths had established hospitals for consumptives did not necessarily indicate that institutional treatment by the State would be successful in California. He believed that California suffered a good deal from institutionalism and stated that the enormous number of individuals suffering from the disease would preclude the possibility of caring for all who might apply for treatment in a State institution. He advocated the adoption of a State policy for the solution of the tuberculosis problem. He regarded the disease as a form of punishment for many social sins, but he stated that the "master cause of all is lack of intelligence on the part of the people who put themselves in the way of this great danger." He advocated a campaign of education. He believed that there should be public sanatoria and that each county and city should be required to maintain its own under the regulation of State laws and probably subject to State supervision. (*cont'd on page 3*)

California physicians who had become interested in the solution of the State's problems related to the control of tuberculosis began an intensive study of control methods used in other countries. Dr. F. M. Pottenger, in 1906, published a very careful review of the excellent work undertaken by Germany in the control of this disease, and many other physicians who specialized in tuberculosis wrote excellent reports of control methods that had been adopted in other States. The findings of the Royal Commission on Tuberculosis of Great Britain were given wide publicity in California. At this time, bovine tuberculosis began to receive a very large amount of attention.

Meanwhile, the anti-tuberculosis league held its fifth annual meeting in Los Angeles on December 4, 1906. Reports were received from The Settlement, Redlands; The Health Camp, Pasadena; The Helping Station and Barlow Sanatorium in Los Angeles. All of these institutions were devoted entirely to the relief of those suffering from tuberculosis and were operated upon a charitable basis.

Dr. George H. Kress of Los Angeles, at that time visiting physician to the Barlow Sanatorium for Poor Consumptives at Los Angeles, and attending physician to the Helping Station of the southern California Anti-Tuberculosis League, wrote a strong argument for compulsory registration and disinfection in pulmonary tuberculosis. This report was published by the State Board of Health and was given wide publicity.

In 1907 the State Legislature enacted a law which required physicians, nurses and others having charge of cases of pulmonary tuberculosis to report them in writing to the health officer. The same Legislature passed a law to prohibit expectorating in public places. Public interest in tuberculosis and to its control had developed into an active campaign for the control of the disease.

Certified milk began to be produced in quantity in California. Although the medical milk commission idea originated in New Jersey in 1893, it was many years before certified milk was produced in many communities. In 1907 there were 22 medical milk commissions in the United States, of which two were in California—Oakland and San Francisco.

Dr. S. A. Knopf of New York City had published his famous prize essay on "Tuberculosis as a Disease of the Masses and How to Combat It" and had followed it with a set of simple rules for school children to prevent tuberculosis, which had wide distribution throughout California.

The International Conference on Tuberculosis, held in Washington in the fall of 1908, provided further stimulus to activities in the control of tuberculosis in California.

In 1908 sleeping out of doors became very popular, largely as a result of educational campaigns that had been carried on by unofficial agencies. Many residences had one or more sleeping porches and whole families had adopted the custom of sleeping out of doors.

The Pacific Coast Public Health Association, composed of State and local boards of health, throughout California, Oregon and Washington, met in Portland on December 15, 1908, and passed resolutions urging physicians to discourage transfer of tuberculosis patients in public conveyances and advocated the disinfection, at transportation companies' expense, of all conveyances occupied by tuberculosis patients.

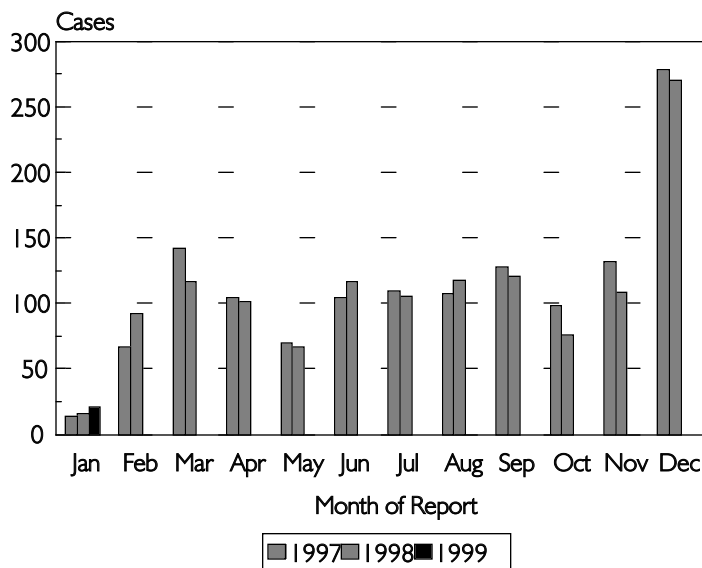
Meanwhile, the extensive educational work that was carried on gave rise to innumerable fraudulent drugs and nostrums and the menace of fraudulent schemes to obtain money from tuberculosis patients became one of considerable magnitude.

From "Tuberculosis in California - The Development of a State Policy in Its Control" issued by the California Department of Public Health, Bureau of Tuberculosis in 1934. Previous excerpts were published in the TB Times as follows: Part 1, December 1996, Part 2, January 1997, Part 3, March 1997, Part 4, July 1997, Part 5, November '97, Part 6, September '98.

F.Y.I.

TB Control would like to welcome the new Executive Secretary, Maria Alvarez. Maria has over 20 years of experience with DHS and has formerly worked with Dr. Lillian Lee, Dr. Beverly Chu, and Dr. Ben Mirman. We would also like to extend a warm welcome to Han Wu, our new Epidemiology Analyst. Dr. Wu, a physician from China who received his MPH from UCLA, joins the Epidemiology Unit with a noteworthy background in biostatistics. Tracey Turner, S.T.C., previously worked in the Utilization Review & Bed Coordination Unit at LAC+USC and will assist in the TB Registry Unit. Elizabeth Pura, S.P.W., works in the TB Registry and attends California State University Long Beach majoring in Community Health. Mary Hoffman, S.P.W., will assist in the Epidemiology Unit and is a graduate student in Public Health at UCLA.

Los Angeles County Tuberculosis Control Tuberculosis Incidence By Month of Report, 1996-1998



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TB Times is a monthly publication to provide information to those interested in TB surveillance and TB Control Program activities. Please forward your articles, comments, suggestions or address corrections to:

TB Times

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TB Times

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World TB Day!!
March 24th

February Topics of Interest...

- ⇒ TB/HIV Conference Update
- ⇒ TB in California Enters the 20th Century
- ⇒ High Desert Hospital Admitting TB Patients